



STATE OF DELAWARE
Motor Carrier Services Section/IRP
P.O. Drawer 7065
Dover, DE 19903-7065

SCHEDULE C - FLEET WEIGHT RECORD

(1) ACCOUNT NO. _____ (2) CARRIER _____ (4) FLEET NO. _____ (5) WT GRP _____

(6) VEHICLE TYPE _____ (TT Truck Tractor, TK Single Truck, BS Bus, CG Converter Gear)

PLEASE USE A SEPARATE SCHEDULE C FOR EACH WEIGHT GROUP FOR VEHICLE TYPE WITHIN THE FLEET.

JURISDICTION	WEIGHT/SEATS	JURISDICTION	WEIGHT/SEATS
DE DELAWARE		ND NORTH DAKOTA	
AB ALBERTA		NE NEBRASKA	
AL ALABAMA		NF NEW FOUNDLAND	
AK ALASKA		NH NEW HAMPSHIRE	
AR ARKANSAS		NJ NEW JERSEY	
AZ ARIZONA		NM NEW MEXICO	
BC BRITISH COLUMBIA		NS NOVA SCOTIA	
CA CALIFORNIA		NT NW TERRITORY	
CO COLORADO		NV NEVADA	
CT CONNECTICUT		NY NEW YORK	
DC DIST. OF COLUMBIA		OH OHIO	
FL FLORIDA		OK OKLAHOMA	
GA GEORGIA		ON ONTARIO	
IA IOWA		OR OREGON	
ID IDAHO		PA PENNSYLVANIA	
IL ILLINOIS		PE PRINCE EDWARD ISLAND	
IN INDIANA		QC QUEBEC	
KS KANSAS		RI RHODE ISLAND	
KY KENTUCKY		SC SOUTH CAROLINA	
LA LOUISIANA		SD SOUTH DAKOTA	
MA MASSACHUSSETTS		SK SASKATCHEWAN	
MB MANITOBA		TN TENNESSEE	
MD MARYLAND		TX TEXAS	
ME MAINE		UT UTAH	
MI MICHIGAN		VA VIRGINIA	
MN MINNESOTA		VT VERMONT	
MS MISSISSIPPI		WA WASHINGTON	
MO MISSOURI		WV WEST VIRGINIA	
MT MONTANA		WI WISCONSIN	
NB NEW BRUNSWICK		WY WYOMING	
NC NORTH CAROLINA		YT YUKON	

I, the undersigned, do hereby request that my vehicle(s) be registered at the above weight. I understand that it is my responsibility as a registrant to be aware of what weight is allowable in all jurisdictions that I wish to travel. The Motor Fuel Tax Administration is not liable for any fines I may incur.

Signature _____ Date _____